DOCUMENT RESUME

ED 411 499 CG 028 101

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TITLE Psychologists in New Schools: A New Role Definition.
PUB DATE 1994-10-29
NOTE 18p.; Paper presented at the Annual Meeting of the University Council for Educational Administration (Philadelphia, PA, October 29, 1994).
PUB TYPE Reports - Research (143) -- Speeches/Meeting Papers (150)
EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS Adolescents; *Change Strategies; Children; *Counselor Role; Elementary Secondary Education; *Pupil Personnel Workers; *Role Perception; School Counselors; *School Psychologists; School Role; Student Needs
IDENTIFIERS Comer (James P)

ABSTRACT

No longer is it appropriate to explain school failure by stating that some children are too disadvantaged to succeed. Schools must find a way to meet the needs of all children and strategies in which school psychologists, working in collaboration with educators and school administrators, can meet these needs are discussed in this paper. It is argued that a new role for school psychologists is required, one that enables them to join with others in restructuring the schools. Detailed here are the traditional roles for psychologists in the schools, such as crisis intervention, counseling students, and testing children, and the need to expand this role. One way to achieve this expansion is through an integrated service model, which is outlined. Discussed also are school-based health clinics and a model developed by James Comer. A case example elaborates on the rationale for counselors assuming a new role. Following this case study, an explication of what this new role for psychologists entails is discussed, with a focus on roles that enable psychologists to be active members of an administrative team. It is argued that psychologists, educators, and administrators have the knowledge to design programs that meet the needs of students. (RJM)

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ED 411 499

PSYCHOLOGISTS IN NEW SCHOOLS
A New Role Definition

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A Paper Presented at the Annual Conference of the
University Council for Educational Administration

Philadelphia, PA
October 29, 1994

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PSYCHOLOGISTS IN NEW SCHOOLS

A New Role Definition

During the last ten years there have been dramatic changes in the conditions under which many children in this country live. We have seen the negative impact of poverty, drug abuse and violence on children and their families, and the ways that these conditions have begun to seriously affect learning and school achievement. The statistics are alarming, and I will only highlight a few to provide some insight into the types of situations that schools are attempting to deal with:

> Every day, 100,000 children are homeless
> Every school day, 135,000 students bring guns to school
> Every day, six teenagers commit suicide
> Every eight seconds of the school day, a child drops out.
> Every day, 2,989 children experience divorce in their families
> Every 47 seconds, a child is abused or neglected
> Every 26 seconds, a child runs away from home
> (Children's Defense Fund, 1990)

The diverse and ever-changing values in the home, along with an erosion of the underlying social fabric in the community contribute to an increase in psychosocial problems in families, making it apparent that the social structure of the past will not suffice to prepare students for the future. Yet, schools have the task of educating all children, regardless of the circumstances they experience outside the school environment or the problems that they bring

with them into school each day. Our commitment to public education and the belief that all children, regardless of social class, ethnicity, or gender, are entitled to an education that facilitates their becoming successful adults, has fueled the present-day concern over school reform, particularly in urban schools. No longer is it appropriate to explain school failure by stating that some children are simply too "disadvantaged" to succeed in schools - the schools must find a way to meet the needs of all children and to create an environment that facilitates learning in each and every student. Clearly, it is the responsibility of the schools to create the conditions for all children to learn.

In this paper, I will address the role of psychologists in the schools and explore the unique contribution that can be made by mental health professionals working in collaboration with educators and school administrators to create school environments that promote learning and development for all children. I will also present a rationale that supports the need for psychologists to participate actively in school reform. This calls for a new role for school psychologists, one that enables them to join with administrators and teachers as they work in collaboration with parents and the community to restructure the schools.

TRADITIONAL ROLES FOR PSYCHOLOGISTS IN THE SCHOOLS

Traditionally, most of the mental health practitioners assigned to school staffs are in counselor positions; although more recently clinical/counseling psychologists have been hired (usually as consultants) to provide school-based mental health services. In most school situations, the roles of school counselors and school psychologists have been somewhat

different. School counselors generally provide direct services to students who are experiencing problems that are affecting their school performance, while school psychologists usually conduct psychological testing with children being screened for special education services. In recent years, school counselors, school psychologists and clinical/counseling psychologists have recognized the need to expand their roles in the schools, and efforts have been made to develop more comprehensive role definitions for each one. One such effort for school counselors was convened by the national organizations for counseling (ACA, ASCA, and ACES) and following a leadership convention in 1988, they developed this definition:

> "School counselors are specifically credentialed professionals who work in school settings with students, parents, educators, and others within the community. They design and manage comprehensive developmental guidance programs to help students acquire skills in the social, personal, educational and career areas necessary for living in a multicultural society. School counselors accomplish this by employing such interventions as guiding and counseling students individually or in small groups, by providing information through group guidance, by contributing to the development of effective learning environments, through student advocacy and through consulting with others". (Cecil, Deck, & Comas, 1989, p. 15)

In the past, school counselors and school psychologists have provided such services as (1) crisis intervention; (2) counseling to students and their families; (3) parent/teacher consultations; and (4) testing children for placement in special education classes (Bernstein, Forrest, & Golston, 1994). Clinical/Counseling Psychologists employed by the schools have provided

similar services. Both counselors and psychologists have been the primary providers of direct services to children in the school setting, and generally spend the majority of their time working with individual children and/or small groups on problem behaviors. This role of "provider of direct services to students" is one that the counseling field is quite committed to, and the recent literature calls for even more of an involvement for school counselors and psychologists in school-based health clinics (Sleek, 1994).

Yet, psychologists recognize the need to expand their role, and to find ways to not only "be there" for students with problems, but to establish comprehensive programs that meet the needs of all children in schools. This newer perspective has led psychologists to become more involved in prevention activities, and many currently conduct programs aimed at the prevention of such psychosocial problems as violence and substance abuse (Welch & McCarroll, 1993). Adoption of these roles requires expanded training that goes beyond what is usually found in current academic programs. Although the academic preparation of psychologists working in the schools is not the focus of this paper, it should be recognized that if psychologists are to be effective in this new role, they will need a different type of training. Boston College has received grants from the FIPSE and De Witt-Wallace Foundations to begin to look at the ways in which training of professionals (teachers, counselors, nurses, social workers, lawyers) can be done in an interdisciplinary manner. Over the next three years, we will be exploring the types of training experiences that are necessary to equip students in these different professions to function in interprofessional teams, and to prepare them adequately for new roles in the schools.

Currently, counselors and psychologists have applied their expertise in working with at-risk populations, and their training in interpersonal

communications, group process, organizational change, and affective skills development to contribute to efforts that are being made to improve K-12 education (Bernstein, Forrest & Golston, 1994). One visible and important way that psychologists are making this contribution is through the Integrated Social Services programs that have been adopted by many public school systems as they attempt to better meet the myriad needs of students. I would like to briefly review these models in order to highlight the role of psychologists.

INTEGRATED SERVICES MODELS

(1) School-Based Health Clinics

This model represents a partnership between schools and health departments to create comprehensive school-based health clinics. These clinics focus on primary prevention and early detection of risk-taking behaviors and increase the health knowledge and decision-making capabilities of students (Dolan, 1992). In the health clinics, primary care is usually delivered by a team consisting of a nurse practitioner, community health nurse, medical office assistant and a case manager. The involvement of the psychologist in the school-based health clinic model varies, depending on the role of the school staff in clinic activities. Generally, however, the psychologist (or school counselor, as the case may be) participates in the direct provision of mental health services to students through the health clinic.

(2) Human Services Coordination Model

This model is designed to improve the provision of services to students and their families through improved coordination between schools and existing human service agencies in the community. It generally entails the establishment of a program separate from the school staff whose responsibilities are focused on coordinating the numerous social services needed by students and their families. School administrators and staffs work directly with the project staff, which often includes a project manager, an employment specialist, a nurse, a part-time physician, and a human services coordinator. Under this model, psychologists primarily serve as facilitators of resources, and not as direct care providers.

(3) The Comer School Development Model

This model, developed by James Comer, is characterized by a school change process which focuses on expanding the role of schools in dealing with the needs of children, particularly those in urban settings (Comer, 1988). The School Development Model (SDM) posits that the effectiveness of schools depends on their ability to meet the mental health and social needs of students and their families. In order to meet this goal, schools must become less isolated from the communities in which they exist and community participation, particularly from parents, is critical at all levels of school functioning. The core element in the model is the creation of a school management and governance team which includes the principal, teachers, parents, and other members of the school community. The team deals with issues of school climate, staff development, and program development, and it

arrives at decisions by consensus. The model places greater emphasis on mental health prevention activities than on crisis response activities, although both should be provided within the school. Similar to the previous models discussed, the SDM involves active collaboration between the schools and social service agencies in the community. However, the collaborative processes and shared decision-making strategies developed in the school management and policy team are exactly the processes that promote productive partnerships between schools and the community, and a shared investment in the academic success of all children.

CASE EXAMPLE: RATIONALE FOR THE NEW ROLE

I will present a case example in order to provide the rationale for a new role for psychologists in the school. This situation takes place in an urban middle school (the Heights Middle School) where a majority of the students are ethnic-minorities (African-American and Hispanic) and over 75% live in families with incomes at or below the poverty level. The "Heights" has the usual problems associated with being in a low-income community - there are problems with the school building, the teachers are often overworked and stressed, and the students have a myriad of needs resulting from living in poverty and in families that are often overwhelmed by the tasks associated with daily living. In this case example, we are concerned with Marguerite, who is a 14 year-old African-American girl who lives with an elderly grandmother (Mrs. S) and shares in the responsibility of taking care of her four young cousins (these are the children of Mrs. S's drug-addicted daughter). Marguerite has been receiving counseling from the school counselor for most of the time that she has attended the "Heights" and has

been treated in a community mental health center for depression and suicidality for over a year. The counselor has recently been quite concerned about Marguerite's behavior at school, as she has been missing days or coming in late, and often does not pay attention in classes. When confronted about this behavior, Marguerite remains quiet and withdrawn.

At the "Heights", there is a Student Support Team that consists of the Cluster Teachers (there are 4 Clusters at the school), the School Counselor, and the School Nurse. In cases where a child is receiving mental health treatment at an agency in the community, the child's psychologist is also invited to be part of the Student Support Team meetings when appropriate. The Student Support Team at the "Heights" is designed to reflect a Human Services Coordination model, and it is perceived by the school staff as being quite effective in addressing the mental health and social service needs of students. Because of her concerns, the school counselor requested a team meeting on Marguerite, and both her Cluster Teacher and outside therapist were present for the discussion.

Everyone involved in Marguerite's care presented their observations, and it became clear that there was a need to provide her with an increased level of contact and consistency in her interactions with school staff. Marguerite was experiencing significant feelings of abandonment and rejection due to the situation in her family, and even with weekly psychotherapy, she was in need of additional relationships with significant adult figures that were consistent and available. The psychologist treating Marguerite was specifically requesting assistance from the school because she strongly believed that unless there was a way for the environment (both at home and at school) to meet Marguerite's increasing needs for attention and nurturance, she would likely become a teen mother or begin to behaviorally

acting-out in negative ways. Her outpatient psychologist knew that the school was an important source of support for Marguerite, and was hoping that the staff would be able to intensify their contacts with her in some substantial way.

The Cluster Teacher commented on the fact that Marguerite had a strong bond with one of her teachers; however, the schedule did not allow for her to spend more than one period a day with this particular teacher. As the team discussed the importance of finding a way to change Marguerite's daily class schedule that would allow her to spend more time with this teacher, it became clear that administrative approval would be required to change a student's schedule to accommodate a non-academic need. The system in the school did not easily allow for alterations to be made in students' daily schedules; however, if the need were an academic one (such as when a child is unable to handle the level of work in the regular classroom) there is a procedure that allows for a review of the student's educational needs. But Marguerite's needs were not clearly academic, in the sense that the most appropriate remedy was not her removal from a regular classroom placement. Her problems were emotionally-based and stemmed from conditions in her home. Yet, they were beginning to affect her performance at school would ultimately affect her learning and overall school achievement.

Following the meeting, the Student Support Team members realized that their hands were tied. There was no existing administrative procedure that would accommodate this special situation, and the opinions among school staff were mixed with regards to the school's role in trying to prevent educational and mental health problems. There were some teachers at the "Heights" who felt that this type of prevention efforts should not be dealt

with by the school. There was more consensus among staff that the school should provide prevention education to all students, particularly around such issues as teen pregnancy, violence and substance abuse. But, efforts to deal with more individualized emotional needs of students, and restructuring the school environment to prevent mental health problems was considered by many to be outside of the parameters of the school.

In Marguerite's case, the Principal was sympathetic to the recommendations made by the Student Support Team, but he took the position that if special considerations were made for this student, it would set a precedent that would require the school to respond to similar situations in the lives of other students. He felt that this would ultimately create confusion in the school environment for all (students and staff), and he was unwilling to grant administrative approval for changing Marguerite's class schedule. The outcome of Marguerite's case was that she continued to withdraw from the school environment, and her truancy and limited class involvement led to her failing two classes and being at risk for repeating the eighth grade. Marguerite was allowed to go into the ninth grade the following year because the Student Support Team felt that forcing her to remain at the "Heights" for an additional year would further alienate and isolate her from the school environment. The principal agreed with this recommendation, and Marguerite went into a large high school in the area, where there was even less of a chance for her to receive individual attention. Although Marguerite did not become pregnant, she did drop out of school after her sophomore year which significantly jeopardized her educational future and potential for occupational success.

Marguerite's case is only one example of a phenomenon that is often encountered in urban schools - even in those who attempt to be responsive to

the needs of their students and have found ways to provide for human services within (or coordinated through) the schools. She and her grandmother received the necessary mental health services, but her emotional problems were such that she also needed to have a school environment that was flexible and able to alter its structure in order to facilitate her continued academic success. Marguerite was not a typical "special needs" student, in the sense that she did not require a special-needs classroom. She did, however, need a school environment that could be restructured to provide a more consistent and available support network; an environment that might have helped to prevent future social and educational problems.

THE NEW ROLE FOR PSYCHOLOGISTS IN THE SCHOOLS

The new role that I am suggesting is one that provides an opportunity for psychologists to add their knowledge about the conditions that facilitate healthy psychological and socioemotional development in children to the dialogue and strategies surrounding the restructuring of schools. It is a role that enables psychologists be active members of an administrative team that has the authority to change the structure of the school environment so that it has sufficient flexibility to accommodate the needs of students. The Integrated Social Services model that is most consistent with this new role for psychologists is Comer's School Development Model. Within this perspective, the psychologists working in the schools become team members in the administrative decision-making process. They not only serve as providers of individual, family and group counseling, and as a conduit between students' needs and available community resources. They are also

active members in a systemic model where power and decision-making is shared among administrators, members of the school community, and parents. Utilizing the model that was presented in O'Keefe (1994), that of the "Presidency" in public schools, it suggests that psychologists would join with educators, health providers, parents, and representatives from the human service field to create a "Cabinet" to the "President" whose responsibility is to provide opinions based on their expertise and knowledge that the President would use to make changes in the school structure and environment. Each member of the Cabinet would represent a unique specialty area related to the education of children and together with the school President would work to develop a school environment that could meet the educational and socioemotional needs of children while also providing support to their families.

This new role for Psychologists working in schools differs from those presented in the literature by clearly expanding into the realm of administration. It challenges the more narrowly-defined role of being the professionals in the school who are responsible for "fixing" the problems that interfere with children's learning and school achievement. Both in the past and the recommended future roles, Psychologists are expected to utilize their training and skills to remove barriers to learning that children experience as a result of internal and/or external problems. In essence, this means that they are to facilitate change in children's behavior and attitude towards schools, or to find ways to"sand down" their rough edges so that they can fit into the existing school environment. This expectation can be seen in the case example of Marguerite, where the school counselor and the Psychologist from the mental health center were expected to reduce Marguerite's feelings of rejection, abandonment and depression so that she would be less needy in

school, and would be able to achieve academically without any change in the school environment. This expectation is problematic, however, because it does not adequately take into account what is known in the field of mental health about the process of change. It generally takes some time for an individual to re-establish the type of internal stability, concentration and focus that is required for academic successful. When the problems are complex, the child may need some modifications in the school environment to render it more supportive as this process unfolds. To be effective, the mental health professional in the school needs to have input into designing the types of changes in a school environment that might be helpful, which requires substantial involvement in administrative decision-making. Thus, the new role definition for Psychologists in the schools incorporates the following:

(1) To be a community resource specialist

(2) To provide individual, family and group counseling

(3) To be perceived in the school community as both a provider of mental health services and an administrator

(4) To serve as a "Cabinet Member" to the "President" and utilize their psychological training and knowledge to establish school environments that can facilitate healthy growth and development in children

(5) To participate in a systems model of power, with an emphasis on decision-making by consensus

Returning to our case example, the Psychologist in the school who is fulfilling this new role definition would work with the Principal as a member

of the administrative team to decide how the school environment could best meet Marguerite's needs. After learning that Marguerite needed additional time and attention from her teachers to support her as she continued with the psychotherapy process, the administrative team would have the authority to change Marguerite's class schedule so that she could spent three periods each day with the teacher who had established a strong interpersonal relationship with her. The other teachers in her Cluster, having been a part of this decision, would allow her to complete the assignments in their classes under the supervision of this teacher. Marguerite's grandmother would also be involved in the planning process with the school so that she would be able to support the efforts the school was making to help Marguerite during this difficult period.

If it were possible today for schools to have the flexibility and authority to change school environments to better "fit" children's needs, it is likely that students like Marguerite would not become statistical "casualties" of the urban public schools. There is clearly a need for intervention in the lives of children who are experiencing problems, but this case also brings to our attention the fact that many children who are coming from homes and communities that are distressed have needs that require shifts in the school structure. Psychologists, along with educators, administrators, and other health care and human services professionals, have the knowledge to design programs that meet the needs of students. We must find a way for them to share and communicate this knowledge to each other, and the enable them to have the authority and power they need to bring about these changes in the schools. I believe that the new role for Psychologists in the schools that I have outlined in this paper will help to bring about this type of restructuring

of school environments, which will ultimately facilitate success for all children.

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